LUS ANGIICIDIO COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09881604

		CLAIMS AS	S FILED -	9	SMALL ENTITY			OTHER	THAN				
			(Column 1)		(Column 2)		1	TYPE		OR	SMALL ENTITY		
TOTAL CLAIMS			20				ſ	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			=minus 20 -		. 5			X\$ 9=		OR	X\$18=	90	
INDEPENDENT CLAIMS			3 minus 3 =		*			X40=		OR	X80=	/ <u>"</u>	
MU	LTIPLE DEPEN	RESENT	SENT			Ì	+135=		OR	+270=			
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	L	TOTAL		OR	TOTAL	800	
CLAIMS AS AMENDED - PART II								,		ı	OTHER		
	_	(Column 1)		(Colur	mn 2)	(Column 3)	SMALL	ENTITY	OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	=	
	Independent	NTATION OF M	Minus	Minus *** LTIPLE DEPENDENT		=		X40=		OR	X80=		
	TINOT PRESE	INTATION OF ME	DETIFLE DET	ENDEN	CLAIIVI		•	+135=		OR	+270=		
							L	TOTAL		OR	TOTAL		
		A	ADDIT. FEE		١٠٠٠	ADDIT. FEE	L.						
		(Column 1) CLAIMS		(Colui		(Column 3)	1 г		ADDI	1 1		4551	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	\prod	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=]	X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							405					
								+135=		OR	+270=	_	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colur		(Column 3)	_						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X40=		OR	X80= `		
	FIRST PRESE	NTATION OF MI	JETIPLE DEF	'ENDENT	CLAIM		!	105			.070		
• 1	f the entry in colu	mn 1 is less than th	e entry in colu	mn 2. write	e "0" in col	lumn 3		+135=		OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OR TOTAL ADDIT. FEE													
	The "Highest Num	ber Previously Pai	d For" (Total or	Independe	ent) is the	in 3, enter 3. highest numbe	er four	nd in the app	ropriate box	in co	lumn 1.		